

STATE OF NEW JERSEY
Division of Taxation
PUBLIC COMMUNITY WATER SYSTEM TAX
Due Date: On or before 20th of the month following the report quarter.

Tax Period (check one)
☐ Jan-Mar ☐ Apr-Jun
☐ Jul-Sep ☐ Oct-Dec
YEAR _____

If address has changed, complete the information on the back of this return

Make Check or Money Order Payable to:
Mail to:

State of New Jersey-PWT
Division of Taxation
Revenue Processing Center
PO Box 268
Trenton, NJ 08646-0268

| | |
|--|--------|
| 1. TOTAL GALLONS Complete back of return | |
| 2. LESS DEDUCTIONS | |
| 3. TAXABLE GALLONS (Line 1 minus Line 2) | |
| 4. TAX RATE (\$0.01 per 1,000 gallons) | .00001 |
| 5. TAX LIABILITY (Line 3 multiplied by Line 4) | |
| 6. PENALTY AND INTEREST | |
| 7. TOTAL AMOUNT DUE | |

I Certify that all information on this return is correct.

PW-3 (09-00)

Signature _____

Title _____

Date _____

Check the box corresponding to the method used to calculate total gallons on Line 1 of this return:

- ☐ 1. **Metered Systems** - Enter the actual gallonage delivered to consumers.
- ☐ 2. **Unmetered Systems** - Enter one-fourth (1/4) of the amount of water purchased and/or diverted for the previous year, less 20% as unaccounted for water.
- ☐ 3. **Combination Systems** - Based on the percentage of service metered and unmetered, enter the total amount of water, calculated in accordance with methods 1 and 2 above.
- ☐ 4. **For unmetered systems lacking diversion meters**, the pump capacity times 24 hours per day times 90 days will determine the amount of water diverted for the quarter, less 20% as unaccounted for water.

If mailing address has changed complete the following information:

Name

New Address

City

State

Zip Code